

or approved as being in compliance with its standards by the national bureau of standards shall be the state primary standard of weights and measures. Such weights and measures shall be verified upon initial receipt of same and as often as deemed necessary by the secretary of agriculture. The secretary may provide for the alteration in the state primary standard of weights and measures in order to maintain traceability with the standard of the national bureau of standards. All such alterations shall be made pursuant to rules promulgated by the secretary in accordance with chapter seventeen A (17A) of the Code.

Sec. 3. Section two hundred thirteen point four (213.4), Code 1977, is amended to read as follows:

213.4 SEALING MILK BOTTLES. The state ~~sealer~~ metrologist shall not be required to seal bottles for milk or cream, but they shall be inspected from time to time in order to ascertain whether they are standard.

Sec. 4. This Act is effective January 1, 1979.

Approved May 5, 1978

CHAPTER 1085

MENTALLY ILL PERSONS

S. F. 333

AN ACT to make certain clarifying and corrective revisions in and additions to chapter two hundred twenty-nine (229) of the Code, and certain related statutes, relating to hospitalization of the mentally ill, and to the procedure for involuntary commitment of persons found to be substance abusers.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. Section two hundred twenty-nine point one (229.1), Code 1977, is amended by adding the following new subsections:

NEW SUBSECTION. "Director" or "state director" means the director of that division of the department of social services having jurisdiction of the state mental health institutes, or that director's designee.

NEW SUBSECTION. "Chemotherapy" means treatment of an individual by use of a drug or substance which cannot legally be delivered or administered to the ultimate user without a physician's prescription or medical order.

Sec. 2. Section two hundred twenty-nine point seven

(229.7), Code 1977, is amended to read as follows:

229.7 SERVICE OF NOTICE UPON RESPONDENT. Upon the filing of an application for involuntary hospitalization, the clerk shall docket the case and immediately notify a district court judge who shall review the application and accompanying documentation. If the application is adequate as to form, the judge may set a time and place for a hearing on the application, if feasible, and but the hearing shall not be held less than forty-eight hours after notice to the respondent unless the respondent waives such minimum prior notice requirement. The judge shall direct the clerk to send copies of the application and supporting documentation, together with a notice informing the respondent of the procedures required by this chapter, to the sheriff or his or her deputy for immediate service upon the respondent. If the respondent is taken into custody under section 229.11 service of the application, documentation and notice upon the respondent shall be made at the time he or she is taken into custody.

Sec. 3. Section two hundred twenty-nine point eight (229.8), subsection three (3), paragraph a, Code 1977, is amended to read as follows:

a. If not previously done, set a time and place for a hospitalization hearing, which shall be at the earliest practicable time not less than forty-eight hours after notice to the respondent, unless the respondent waives such minimum prior notice requirement; and

Sec. 4. Section two hundred twenty-nine point ten (229.10), subsection one (1), Code 1977, is amended by adding the following new unnumbered paragraph:

NEW UNNUMBERED PARAGRAPH. If the respondent is not taken into custody under section two hundred twenty-nine point eleven (229.11) of the Code, but the court is subsequently informed that the respondent has declined to be examined by the licensed physician or physicians pursuant to the court order, the court may order such limited detention of the respondent as is necessary to facilitate the examination of the respondent by the licensed physician or physicians.

Sec. 5. Section two hundred twenty-nine point eleven (229.11), unnumbered paragraph one (1), Code 1977, is amended to read as follows:

If the applicant requests that the respondent be taken into immediate custody and the judge, upon reviewing the application and accompanying documentation, finds probable cause to believe that the respondent is seriously mentally

impaired and is likely to injure himself or herself or other persons if allowed to remain at liberty, the judge may enter a written order directing that the respondent be taken into immediate custody by the sheriff or his or her deputy and be detained until the hospitalization hearing, which shall be held no more than five days after the date of the order, except that if the fifth day after the date of the order is a Saturday, Sunday, or a holiday, the hearing may be held on the next succeeding business day. The judge may order the respondent detained for ~~that~~ the period of time until the hearing is held, and no longer, in accordance with subsection 1 if possible, and if not then in accordance with subsection 2 or, only if neither of these alternatives are available, in accordance with subsection 3. Detention may be:

Sec. 6. Section two hundred twenty-nine point twelve (229.12), Code 1977, is amended to read as follows:

229.12 HEARING PROCEDURE.

1. At the hospitalization hearing, evidence in support of the contentions made in the application shall be presented by the county attorney. During the hearing the applicant and the respondent shall be afforded an opportunity to testify and to present and cross-examine witnesses, and the court may receive the testimony of any other interested person. The respondent has the right to be present at the hearing. If the respondent exercises that right and has been medicated within twelve hours, or such longer period of time as the court may designate, prior to the beginning of the hearing or an adjourned session thereof, the judge shall be informed of that fact and of the probable effects of the medication upon convening of the hearing.

2. All persons not necessary for the conduct of the proceeding shall be excluded, except that the court may admit persons having a legitimate interest in the proceeding. Upon motion of the county attorney, the judge may exclude the respondent from the hearing during the testimony of any particular witness if the judge determines that that witness' testimony is likely to cause the respondent severe emotional trauma.

3. The respondent's welfare shall be paramount and the hearing shall be conducted in as informal a manner as may be consistent with orderly procedure, but consistent therewith the issue shall be tried as a civil matter. Such discovery

as is permitted under the Iowa rules of civil procedure shall be available to the respondent. The court shall receive all relevant and material evidence which may be offered and need not be bound by the rules of evidence. There shall be a presumption in favor of the respondent, and the burden of evidence in support of the contentions made in the application shall be upon the applicant. If upon completion of the hearing the court finds that the contention that the respondent is seriously mentally impaired has not been sustained by clear and convincing evidence, it shall deny the application and terminate the proceeding.

4. If the respondent is not taken into custody under section two hundred twenty-nine point eleven (229.11) of the Code, but the court subsequently finds good cause to believe that the respondent is about to depart from the jurisdiction of the court, the court may order such limited detention of the respondent as is authorized by section two hundred twenty-nine point eleven (229.11) of the Code and is necessary to insure that the respondent will not depart from the jurisdiction of the court without the court's approval until the proceeding relative to the respondent has been concluded.

Sec. 7. Section two hundred twenty-nine point twenty-two (229.22), subsections two (2), three (3) and four (4), Code 1977, is amended to read as follows:

2. In the circumstances described in subsection 1, any peace officer who has reasonable grounds to believe that a person is mentally ill, and because of that illness is likely to physically injure himself or herself or others if not immediately detained, may without a warrant take or cause that person to be taken to the nearest available facility as defined in section 229.11, subsections 2 and 3. ~~Immediately upon taking the person into custody, the nearest available magistrate, as defined in section 748.47, shall be notified and shall immediately proceed to the facility. The magistrate shall in the manner prescribed by section 229.87, subsection 4 insure that the person has or is provided legal counsel at the earliest practicable time, and shall arrange for the counsel to be present, if practicable, before proceeding under this section.~~ A person believed mentally ill, and likely to injure himself or herself or others if not immediately detained, may be delivered to a hospital by someone other than a peace officer. Upon delivery of the person believed mentally ill to the hospital, the chief medical officer may order treatment of that person, including chemotherapy, but

only to the extent necessary to preserve the person's life or to appropriately control behavior by the person which is likely to result in physical injury to that person or others if allowed to continue. The peace officer who took the person into custody, or other party who brought the person to the hospital, shall ~~remain until the magistrate's arrival and shall~~ describe the circumstances of the detention matter to the magistrate chief medical officer. If the magistrate chief medical officer finds that there is ~~probable-cause~~ reason to believe that the person is seriously mentally impaired, and because of that impairment is likely to physically injure himself or herself or others if not immediately detained, ~~he or she~~ the chief medical officer shall enter a written order for the person to be detained in custody at once communicate with the nearest available magistrate as defined in section eight hundred one point four (801.4), subsection six (6) of the Code Supplement. The magistrate shall immediately proceed to the facility where the person is detained, except that if the chief medical officer's communication with the magistrate occurs between the hours of midnight and the next succeeding seven o'clock a.m. and the magistrate deems it appropriate under the circumstances described by the chief medical officer, the magistrate may delay going to the facility and in that case shall give the chief medical officer verbal instructions either directing that the person be released forthwith or authorizing the person's continued detention at that facility. In the latter case, the magistrate shall:

a. By the close of business on the next working day, file with the clerk a written report stating the substance of the information on the basis of which the person's continued detention was ordered; and

b. Arrive at the facility where the person is being detained not later than eight o'clock a.m. of the same day on which the chief medical officer's notification occurs.

3. Upon arrival at the hospital, the magistrate shall at once review the matter. Unless convinced upon initial inquiry that there are no grounds for further detention of the person, the magistrate shall in the manner prescribed by section two hundred twenty-nine point eight (229.8), subsection one (1) of the Code insure that the person has or is provided legal counsel at the earliest practicable time, and shall arrange for the counsel to be present, if practicable, before proceeding further under this section.

If the magistrate finds upon review of the report prepared by the chief medical officer under subsection two (2) of this section, and of such other information or evidence as the magistrate deems pertinent, that there is probable cause to believe that the person is seriously mentally impaired and because of that impairment is likely to physically injure himself or herself or others if not detained, the magistrate and, if the facility where the person is at that time is not an appropriate hospital, transported to an appropriate hospital. The magistrate's order shall state the circumstances under which the person was taken into custody or otherwise brought to a hospital and the grounds supporting the finding of probable cause to believe that he or she is seriously mentally impaired and likely to physically injure himself or herself or others if not immediately detained. A The order shall be filed with the clerk of the district court in the county where it is anticipated that an application will be filed under section two hundred twenty-nine point six (229.6) of the Code, and a certified copy of the order shall be delivered to the chief medical officer of the hospital where the person is detained, at the earliest practicable time.

3 4. The chief medical officer of the hospital shall examine and may detain and care for the person taken into custody under the magistrate's order for a period not to exceed forty-eight hours from the time such order is dated, excluding Saturdays, Sundays and holidays, unless the order is sooner dismissed by a magistrate. The hospital may provide treatment which is necessary to preserve the person's life, or to appropriately control behavior by the person which is likely to result in physical injury to himself or herself or others if allowed to continue, but may not otherwise provide treatment to the person without his or her consent. The person shall be discharged from the hospital and released from custody not later than the expiration of that period, unless an application for his or her involuntary hospitalization is sooner filed with the clerk pursuant to section 229.6. The detention of any person by the procedure and not in excess of the period of time prescribed by this section shall not render the peace officer, physician or hospital so detaining that person liable in a criminal or civil action for false arrest or false imprisonment if the peace officer, physician or hospital had reasonable grounds to believe the person so detained was mentally*ill and likely

*According to enrolled Act

to physically injure himself or herself or others if not immediately detained.

4 5. The cost of hospitalization at a public hospital of a person detained temporarily by the procedure prescribed in this section shall be paid in the same way as if the person had been admitted to the hospital by the procedure prescribed in sections 229.6 to 229.13.

Sec. 8. Section two hundred twenty-nine point twenty-three (229.23), subsection two (2), Code 1977, is amended to read as follows:

2. The right to refuse treatment by shock therapy or chemotherapy, unless the use of these treatment modalities is specifically consented to by the patient's next-of-kin or guardian. The patient's right to refuse treatment by chemotherapy shall not apply during any period of custody authorized by section two hundred twenty-nine point four (229.4), subsection three (3), section two hundred twenty-nine point eleven (229.11) or section two hundred twenty-nine point twenty-two (229.22) of the Code, but this exception shall extend only to chemotherapy treatment which is, in the chief medical officer's judgment, necessary to preserve the patient's life or to appropriately control behavior by the person which is likely to result in physical injury to that person or others if allowed to continue. The patient's right to refuse treatment by chemotherapy shall also not apply during any period of custody authorized by the court pursuant to sections [two hundred twenty-nine point thirteen]* [229.13] or [two hundred twenty-nine point fourteen]* [229.14] of the Code. In any other situation in which, in the chief medical officer's judgment, chemotherapy is appropriate for the patient but the patient refuses to consent thereto and there is no next-of-kin or guardian to give consent, the chief medical officer may request an order authorizing treatment of the patient by chemotherapy from the district court which ordered the patient's hospitalization.

Sec. 9. Section two hundred twenty-nine point twenty-five (229.25), subsection four (4), Code 1977, is amended to read as follows:

4. The person who is hospitalized or that person's guardian, if the person is a minor or is not legally competent to do so, signs an ~~informal~~ informed consent to release information. Each signed consent shall designate specifically
*Words added by Code editor pursuant to section 3.1(3)
of the Code

the person or agency to whom the information is to be sent, and the information may be sent only to that person or agency.

Sec. 10. Section two hundred twenty-nine point forty-two (229.42), unnumbered paragraph one (1), Code 1977, is amended to read as follows:

If a person wishing to make application for voluntary admission to a mental hospital established by chapter two hundred twenty-six (226) of the Code is unable to pay the costs of hospitalization or those responsible for such person are unable to pay such costs, application for authorization of voluntary admission must be made to any clerk of the district court before application for admission is made to the hospital. After determining the county of legal settlement the said clerk shall, on forms provided by the state director, authorize such person's admission to a mental health hospital as a voluntary case. The clerk shall at once provide a duplicate copy of the form to the county board of supervisors. The costs of the hospitalization shall be paid by the county of legal settlement to the state comptroller and credited to the general fund of the state, providing the mental health hospital rendering the services has certified to the county auditor of the responsible county the amount chargeable thereto and has sent a duplicate statement of such charges to the state comptroller.

Sec. 11. Chapter two hundred twenty-nine (229), Code 1977, is amended by adding the following new section:

NEW SECTION. STATUS OF PERSONS HOSPITALIZED UNDER FORMER LAW.

1. Each person admitted or committed to a hospital for treatment of mental illness on or before December 31, 1975 who remained so hospitalized, or was on convalescent leave or was receiving care in another facility on transfer from such hospitalization, on or after January 1, 1976 shall be considered to have been hospitalized under this chapter, and its provisions shall apply to each such person on and after the effective date of this section, except as otherwise provided by subsection three (3) of this section.

2. Hospitalization of any person for treatment of mental illness, either voluntary or involuntary, on or before December 31, 1975 shall not be deemed to constitute a finding of or to equate with nor raise a presumption of incompetency, or to cause the person who was so hospitalized to be deemed a lunatic, a person of unsound mind, or a person under legal disability for any purpose, including but not limited to the

circumstances enumerated in section two hundred twenty-nine point twenty-seven (229.27), subsection one (1) of the Code. Nothing in this subsection shall be construed to invalidate any specific declaration of incompetence of a person who was so hospitalized if the declaration was made pursuant to a separate procedure authorized by law for that purpose, and did not result automatically from the person's hospitalization.

3. Where a person was hospitalized involuntarily for treatment of mental illness on or before December 31, 1975 and remained so hospitalized, or was on convalescent leave or was receiving care in another facility on transfer from such hospitalization, on or after January 1, 1976, but was subsequently discharged prior to the effective date of this section, this section shall not be construed to require:

a. The filing after the effective date of this section of any report relative to that person's status which would have been required to be filed prior to the effective date of this section if that person had initially been hospitalized under this chapter as amended by Acts of the Sixty-sixth General Assembly, 1975 Session, chapter one hundred thirty-nine (139), sections one (1) through thirty (30).

b. That legal proceedings be taken under this chapter, as so amended, to clarify the status of the person so hospitalized, unless that person or the district court considers such proceedings necessary in a particular case to appropriately conclude the matter.

Sec. 12. Chapter two hundred twenty-nine (229), Code 1977, is amended by adding the following new section:

NEW SECTION. RULES FOR PROCEEDINGS.

1. The supreme court may prescribe rules of pleading, practice and procedure, and the forms of process, writs and notices, for all proceedings in any court of this state arising under this chapter. Any rules so prescribed shall be drawn for the purpose of simplifying and expediting the proceedings, so far as is consistent with the rights of the parties involved. The rules shall not abridge, enlarge nor modify the substantive rights of any party to a proceeding arising under this chapter.

2. Rules prescribed pursuant to this section shall be subject to section six hundred eighty-four point nineteen (684.19) of the Code.

Sec. 13. Chapter two hundred twenty-nine (229), Code 1977, is amended by adding sections fourteen (14) through seventeen

(17) of this Act, which shall be codified as a separate division of the chapter.

Sec. 14. NEW SECTION. DEFINITIONS. As used in this division:

1. "Respondent" means a person against whom a petition has been filed under this division.

2. "Department" means the Iowa department of substance abuse established by chapter one hundred twenty-five (125) of the Code.

3. "Director", "facility" and "substance abuser" have the respective meanings assigned those terms by section one hundred twenty-five point two (125.2) of the Code.

Sec. 15. NEW SECTION. INVOLUNTARY COMMITMENT OF SUBSTANCE ABUSERS--PETITION.

1. A person may be committed to the custody of a facility by the district court upon the petition of the person's spouse or guardian, a relative, the certifying physician, or the administrator in charge of a facility. The petition shall allege that the respondent is a substance abuser who habitually lacks self-control as to the use of chemical substances, and shall further allege either:

a. That the respondent has threatened, attempted or inflicted physical harm on another person, and is likely to inflict physical harm on himself or herself or on another person unless committed; or

b. That the respondent is incapacitated by a chemical substance.

A refusal to undergo treatment does not constitute evidence of lack of judgment as to the need for treatment.

2. The petition shall be accompanied by a certificate of a licensed physician who has examined the respondent within two days before the submission of the petition, unless the respondent has refused to submit to a medical examination or was unavailable for examination, in which case the fact of refusal or unavailability shall be alleged in the petition. The certificate shall set forth the physician's findings in support of the allegations of the petition. A physician employed by the admitting facility or the department is not eligible to be the certifying physician.

3. Upon the filing of the petition, the court shall fix a date for a hearing, which shall be no later than ten days after the date the petition was filed. If a judicial hospitalization referee has been appointed under section two hundred twenty-nine point twenty-one (229.21) of the Code

for the county in which the petition is filed, the clerk of the district court shall immediately notify the referee of the filing of the petition and the referee shall thereupon discharge all of the duties imposed upon judges of the district court by this division, except the duty to hear appeals filed under subsection two (2) of section sixteen (16) of this Act. A copy of the petition and the notice of hearing shall be served in the manner of an original notice on the respondent and upon a parent or legal guardian if the respondent is a minor. A copy of the petition and the notice of hearing shall be mailed or delivered in the manner provided for motions in civil cases to the petitioner, the next of kin of the respondent other than the petitioner, the administrator of the facility to which the respondent has been committed for emergency care, and any other person the court believes should receive copies. A petition shall have attached a copy of the certificate specified in this section.

Sec. 16. NEW SECTION. HEARING--COMMITMENT--RECOMMITMENT.

1. At the hearing the court shall hear all relevant testimony, including, if possible, the testimony of at least one licensed physician who has examined the respondent. The respondent shall be present unless the court believes that his or her presence is likely to be injurious to the respondent; in this event the court shall appoint a guardian ad litem to represent the respondent throughout the proceeding. The court shall examine the respondent in open court, or if advisable, shall examine the respondent out of court. If the respondent has refused to be examined by a licensed physician, he or she shall be given an opportunity to be examined by a court-appointed licensed physician. If the respondent refuses and there is sufficient evidence to believe that the allegations of the petition are true, or if the court believes that more medical evidence is necessary, the court may make a temporary order committing the respondent for a period of not more than five days for purposes of a diagnostic examination.

2. If after hearing all relevant evidence, including the results of any diagnostic examination, the court finds that the allegations of the petition have been established by clear and convincing proof, it shall make an order of commitment to a facility. It may not order commitment of a respondent unless it determines that the facility is able to provide adequate and appropriate treatment for the respondent and the treatment is likely to be beneficial. If the order is

made by a judicial hospitalization referee to whom the matter has been referred pursuant to subsection three (3) of section fifteen (15) of this Act, the respondent may appeal the referee's finding to a judge of the district court by giving the clerk notice in writing, within seven days after the referee's finding is made, that an appeal therefrom is taken. The appeal may be signed by the respondent or the respondent's next friend, guardian or attorney. When so appealed, the matter shall stand for trial de novo. Upon appeal, the court shall schedule a hearing before a district judge at the earliest practicable time.

3. A respondent committed under this section shall remain in the custody of a facility for treatment for a period of thirty days unless sooner discharged. This division shall not be construed to require the department to pay the cost of any medication or procedure provided the person during that period which is not necessary or appropriate to the specific objectives of detoxification and treatment of substance abuse. At the end of the thirty-day period, the respondent shall be discharged automatically unless the administrator of the facility before expiration of the period petitions the court for an order for the respondent's recommitment upon the grounds set forth in subsection one (1) of section fifteen (15) of this Act for a further period not to exceed ninety days.

4. A respondent recommitment under subsection three (3) of this section who has not been discharged by the facility before the end of the ninety-day period shall be discharged at the expiration of that period unless the administrator of the facility, before expiration of the period, obtains a court order on the grounds set forth in subsection one (1) of section fifteen (15) of this Act for recommitment for a further period not to exceed ninety days.

5. Upon the filing of a petition for recommitment under subsections three (3) and four (4) of this section, the court shall fix a date for hearing no later than ten days after the date the petition was filed. A copy of the petition and the notice of hearing shall be served in the same manner as an original notice on the same persons as required by subsection three (3) of section fifteen (15) of this Act. A petition shall have attached a copy of the certificate specified in this section. At the hearing the court shall proceed as provided in subsection one (1) of section fifteen (15) of this Act.

6. The court shall inform the respondent of his or her right to contest the application, to be represented by counsel at every stage of any proceedings relating to his or her commitment and recommitment, and to have counsel appointed by the court or provided by the court, if the respondent wants the assistance of counsel and is unable to obtain counsel. If the court believes that the respondent needs the assistance of counsel, the court shall require, by appointment if necessary, counsel for the respondent regardless of his or her wishes. The respondent shall be informed of his or her right to be examined by a licensed physician of his or her choice. If the respondent is unable to obtain a licensed physician and requests examination by a physician, the court shall employ a licensed physician.

7. The venue for proceedings under this division is the place in which a respondent resides or is present.

Sec. 17. NEW SECTION. TREATMENT--TRANSFER--DISCHARGE.

1. The director shall insure that a facility provides adequate and appropriate treatment of any respondent committed to the custody of that facility. The director may recommend to the appropriate district court the transfer of any respondent committed to the custody of a facility from that facility to another if transfer is medically advisable, and if notice is provided to the counselor advocate, and the spouse or next of kin of the respondent.

2. If the administrator of a private treatment facility consents to the request of a competent respondent who has been committed to a public facility or that respondent's parent, sibling, adult child, or guardian to accept the respondent for treatment, the administrator of the public treatment facility may transfer the respondent to the private treatment facility.

3. A respondent committed to the custody of a facility for treatment shall be discharged at any time before the end of the period for which he or she has been committed if either of the following conditions is met:

a. In case of a substance abuser committed under section fifteen (15), subsection one (1), paragraph a, of this Act that the respondent is no longer a substance abuser or the likelihood no longer exists.

b. In case of a substance abuser committed under section fifteen (15), subsection one (1), paragraph b, of this Act, that the incapacity no longer exists, that further treatment will not be likely to bring about significant improvement

in the respondent's condition, or that treatment is no longer adequate or appropriate.

4. A respondent committed under this division may at any time seek to be discharged from commitment by writ of habeas corpus.

Sec. 18. Section one hundred twenty-five point eighteen (125.18), subsection five (5), Code 1977, is amended to read as follows:

5. When on the advice of the medical staff the administrator determines that the grounds for commitment no longer exist, he or she shall discharge a person committed under this section. No person committed under this section may be detained in any treatment facility for more than five days. If a petition for involuntary commitment under ~~section 125.19~~ sections fifteen (15) through seventeen (17) of this Act has been filed within the five days and the administrator in charge of a facility finds that grounds for emergency commitment still exist, he or she may detain the person until the petition has been heard and determined, but no longer than ten days after filing the petition.

Sec. 19. Section two hundred twenty-six point twenty-three (226.23), Code 1977, is amended to read as follows:

226.23 CONVALESCENT LEAVE OF PATIENTS. Upon the recommendation of the superintendent and ~~the written consent of the district court which ordered hospitalization in~~ accordance with section two hundred twenty-nine point fifteen (229.15), subsection four (4), of the Code in the case of an involuntary patient, the state director may place on convalescent leave said patient for a period not to exceed one year, under such conditions as are prescribed by said state director.

Sec. 20. Section two hundred twenty-seven point ten (227.10), Code 1977, is amended by striking the section and inserting in lieu thereof the following:

227.10 TRANSFERS FROM COUNTY OR PRIVATE INSTITUTIONS. Patients who have been admitted at public expense to any institution to which this chapter is applicable may be involuntarily transferred to the proper state hospital for the mentally ill in the manner prescribed by sections two hundred twenty-nine point six (229.6) through two hundred twenty-nine point thirteen (229.13) of the Code. The application required by section two hundred twenty-nine point six (229.6) may be filed by the state director or the director's designee, or by the administrator of the institution

where the patient is then being maintained or treated. If the patient was admitted to that institution involuntarily, the state director may arrange and complete the transfer, and shall report it as required of a chief medical officer under section two hundred twenty-nine point fifteen (229.15), subsection four (4) of the Code. The transfer shall be made at county expense, and the expense recovered, as provided in section two hundred twenty-seven point seven (227.7) of the Code.

Sec. 21. Section two hundred twenty-seven point eleven (227.11), Code 1977, is amended to read as follows:

227.11 TRANSFERS FROM STATE HOSPITALS. A county chargeable with the expense of a patient in a state hospital for the mentally ill shall remove such patient to a county or private institution for the mentally ill which has complied with the aforesaid rules when the state director or the director's designee so orders on a finding that said patient is suffering from chronic mental illness or from senility and will receive equal benefit by being so transferred. A county shall remove to its county care facility any patient in a state hospital for the mentally ill upon ~~a-finding-by-a-commission,-consisting request~~ of the superintendent of the state hospital in which the patient is confined ~~and-a-physician-or-physicians-chosen by-the-board-of-supervisors-of-the-county-of-the-patient's residence,-said-physician-or-physicians-to-be-paid-by-the county-of-the-patient's-residence,-that-such-patient-can-be properly-cared-for-in-the-county-care-facility,-and-the-finding of-the-commission,-after-its~~ pursuant to the superintendent's authority under section two hundred twenty-nine point fifteen (229.15), subsection four (4), of the Code, and approval by the board of supervisors of the county of the patient's residence, ~~shall-be-complete-authority-for-such-removal.~~

In no case shall a patient be thus transferred except upon compliance with section 229.14, subsection 4, or without the written consent of a relative, friend, or guardian if such relative, friend, or guardian pays the expense of the care of such patient in a state hospital.

Patients transferred to a public or private facility under this section may subsequently be placed on convalescent or limited leave or transferred to a different facility for continued full-time custody, care and treatment when, in the opinion of the attending physician or the chief medical officer of the hospital from which the patient was so transferred, the best interest of the patient would be served by such leave

or transfer. However, if the patient was originally hospitalized involuntarily, the leave or transfer shall be made in compliance with section two hundred twenty-nine point fifteen (229.15), subsection four (4) of the Code.

Sec. 22. Section two hundred twenty-seven point sixteen (227.16), Code 1977, is amended to read as follows:

227.16 STATE AID. For each patient heretofore or hereafter received on transfer from a state hospital for the mentally ill under the provisions of section 227.11, or ~~committed-to~~ placed in a county care facility by a-commission-of hospitalization the procedure prescribed in chapter two hundred twenty-nine (229) of the Code, or any mentally retarded adult patient discharged or removed from the state hospital-schools and cared for and supported by the county in the county care facility or elsewhere outside a state institution for the mentally ill or mentally retarded the county shall be entitled to receive the amount of five dollars per week for each patient from the state mental aid fund hereinafter provided for.

Sec. 23. Section two hundred thirty point two (230.2), subsection one (1), Code 1977, is amended to read as follows:

1. In the county ~~of-the-residence-of-said-commissioners~~ from which the person was placed in the hospital;

Sec. 24. Section one hundred twenty-five point nineteen (125.19), as amended by Acts of the Sixty-seventh General Assembly, 1977 Session, chapter seventy-four (74), section thirty (30), and sections two hundred twenty-six point six (226.6), subsection five (5), and two hundred twenty-nine point forty-four (229.44), Code 1977, are repealed.

Approved June 30, 1978

CHAPTER 1086

IOWA HOUSING FINANCE AUTHORITY

H. F. 602

AN ACT to amend the Iowa housing finance authority relating to the eligibility of applicants, property improvement loans, lease-purchase agreements, homesteading, and a loan and grant fund.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. Section two hundred twenty point one (220.1), subsection six (6), paragraph a, and subsection eleven (11), paragraph a, Code 1977, is amended to read as follows:

a. "Families" includes but is not limited to families